

ACCESS TO RECOVERY (ATR)



The Request for Application (RFA)

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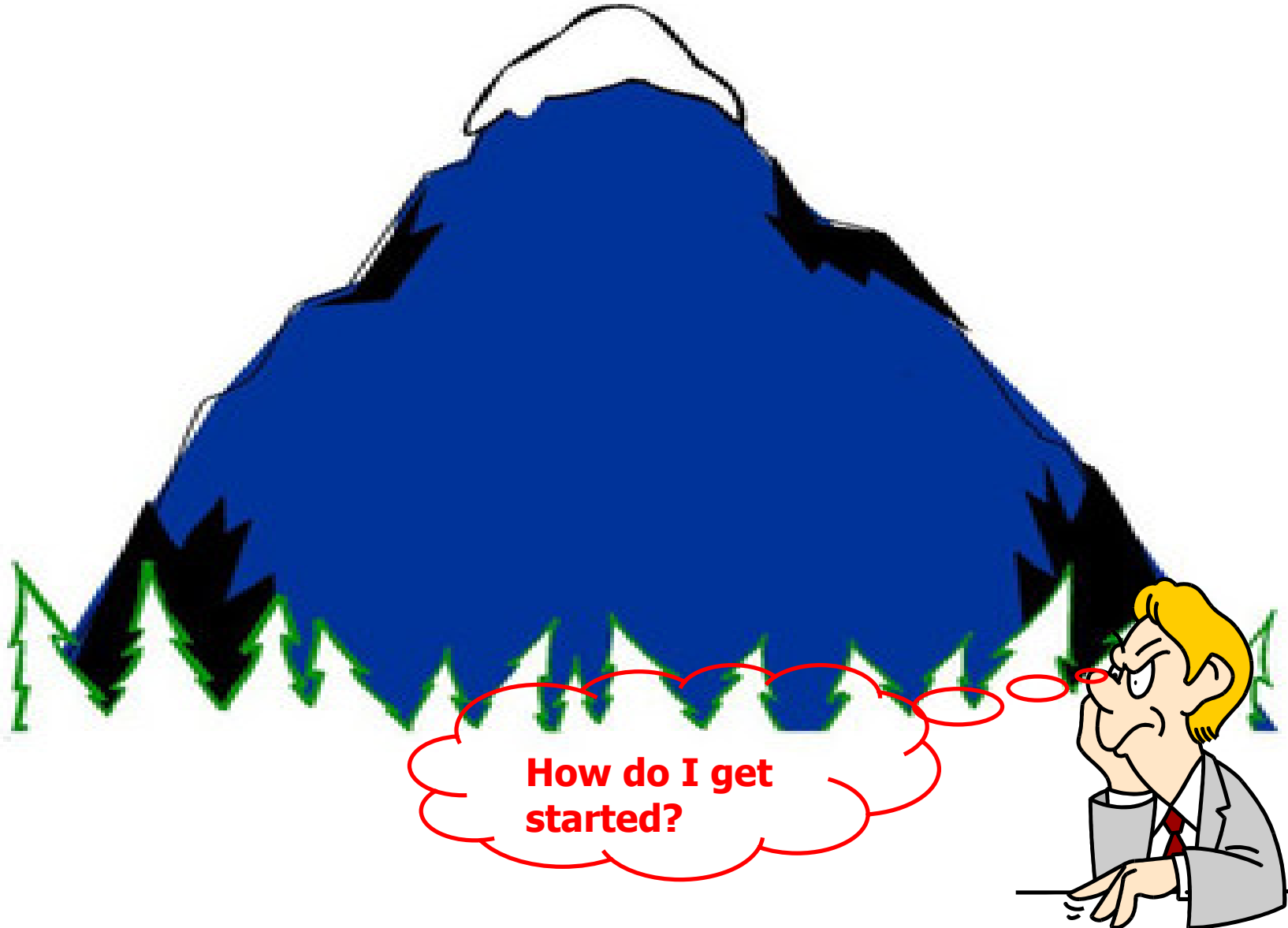
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Applying for an ATR Grant

AN ATR APPLICATION!



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SAMHSA Funding Opportunity

GRANTS

Department of Health and Human Services Substance Abuse and Mental Health Services Administration

Access to Recovery (ATR) Grants TI 04-009

SAMHSA is requesting applications for **Access to Recovery (ATR)** grants.

Only states (Governors' offices), U.S. Territories, the District of Columbia and chief executives of federally recognized Tribal organizations, are eligible to apply for Access for Recovery discretionary grants.

Community- and faith-based treatment and recovery services providers and other organizations should contact their appropriate official to learn how they may participate in the Access to Recovery grant program.

- For ATR Technical Assistance, Regional Meeting Schedule, Locations and Contact Information, [click here](#).
- For important documents on the the Access to Recovery grant:

Request for Application (RFA), TI-04-009

- ▶ [Read RFA online](#)
-  [Download RFA in Microsoft Word® file](#)
-  [Download RFA in Adobe Acrobat® file](#)

For more information:

- ▶ [SAMHSA News Release](#)
- ▶ [Access to Recovery Fact Sheet](#)
- ▶ [How the "Access to Recovery" Voucher Program Will Work](#)
- ▶ [Frequently Asked Questions](#)

Key Date:
Application Deadline is June 4, 2004



1. Description

- Ensure genuine, free, and independent client choice for clinical treatment and recovery support services at the appropriate level of care
- Require all assessment, clinical treatment, and recovery support services funded by ATR be provided pursuant to a voucher or vouchers being given to a client
- Implement a voucher system that pays for clinical treatment and recovery support services using a broad network of eligible providers, including organizations that have not previously received public funding



II. Award Information

■ **1. Award amount**

- Grant applications are limited to \$15 million dollars per year
- Grantees will be responsible for administrative costs from the ATR grant award
- We expect to award approximately 15 grants



III. Application Requirement

- The Chief Executive of the State (Governor), Territory, or District of Columbia, or the head of Tribal Organizations and Governments must sign the application.



IV. - Requirements for Applicants

- The application must be received by June 4, 2004 (or proof of mailing at least one week before this date).
- The formatting requirements are critical: (**IV. APPLICATION AND SUBMISSION INFORMATION** and the Checklist in Appendix F).
- **PAY ATTENTION TO THE REQUIREMENTS!**



THE MEAT of YOUR APPLICATION – IV. 2.3

- **Section A** - Need for Voucher Program
- **Section B** - Proposed Approach
- **Section C** - Readiness to Implement a Voucher Program
- **Section D** - Management, Staffing, Controlling Costs



V. Review Information

- Evaluation criteria
 - 1. Extent to Which Proposal Meets ATR Goals – 30 pts
 - 2. Proposed Approach – 20 pts
 - 3. Management, Staffing and Controlling Costs – 25 pts
 - 4. Readiness to Implement Voucher Program – 15 pts
 - 5. Need for a Voucher Program - 10 pts



Appendices A through G

**Appendices of the RFA will
help with sections A-D!**



Appendix A – Examples of Services That Can be Paid for Using ATR Vouchers

Grantees may determine what services they cover using vouchers – examples:

- Detoxification
- Brief intervention
- Group counseling
- Case management
- Family services
- Sober housing



Examples of Services That Can be Paid for Using ATR Vouchers (Continued)

- Employment coaching
- 12-step groups
- Recovery coaching
- Spiritual support
- Other
- Traditional Healing Practices, e.g.:
 - Sweat lodge
 - Sundance ceremony
 - Pipe ceremony
 - Beading
 - Other



Appendix B

- Services included as administrative expenses:
 - Eligibility determinations – providers & clients
 - Fiscal/cost accounting mechanisms to track vouchers
 - Management of information systems for tracking outcomes and costs
 - Development of quality improvement systems
 - Marketing of vouchers – clients and providers
 - Oversight of standards and fraud and abuse issues



Appendix C

- Standards for the Access to Recovery Program:
 - Ensure clients get genuine, free, and independent choice for clinical treatment and recovery support services
 - Ensure clients get assessment and level of care determinations from qualified persons
 - Ensure clients get appropriate services
 - Expand the range of providers
 - Ensure outcome and financial data is reported in a timely manner



Data Collection Requirements for ATR

Two Levels of Required Reporting:

- **Grantee level** - responsible for quarterly data reporting to SAMHSA including financial data, performance, and outcomes data (7 domains)
- **Provider level** – participating providers will be reporting GPRA data to the grantee – performance and outcomes data – look at Appendix C of the RFA.



Financial Data Required Quarterly

- Grantee Service Volumes: types of services, date of service, number of: days, partial days, or hours of service provided
- Reimbursement Rates by service category (clinical treatment or recovery support services). Rate per: day, partial day, or hour(s) paid for by the voucher program



What is Needed to Accomplish Reporting Requirements?

- Grantees must **uniquely identify voucher recipients** who utilize multiple clinical treatment and/or recovery support episodes.
- These episodes may occur at different points in time and with different providers.



GPRA Data Collection

- The GPRA performance and outcomes data is collected at baseline (admission to the program), then every 2 months during the treatment episode (that is between admission and discharge) and finally again at discharge.
- **The data needs to be uploaded to the SAMHSA data system -Services Accountability Improvement System by the GRANTEE every quarter, at a minimum**



REQUIRED: Performance and Outcomes Data for Seven Domains

- Substance Use – past 30 days
- Employment/Education
- Criminal or Juvenile Justice Involvement
- Family and Living Conditions
- Social Support of Recovery
- Access/Capacity
- Retention



Definition of a Client Episode

- For ATR, an episode of care is the period of time from entry to exit from a paid service. A paid service can be a clinical treatment service or a recovery support service.
- A successful episode is when an individual completes the major goals of the care plan and there are 4 clean (random and consecutive) urine samples



Appendix D

- Screening, Assessment,
and Level of Care
Determination



Appendix E

- Example of how a State or Tribes can implement a voucher Program – themes:
 - Outreach and client choice
 - Standards for eligibility process/management
 - New providers
 - Provider incentives
 - Customer satisfaction, help line



Appendix F

- Checklist for Formatting Requirements and Screen Out Criteria for SAMHSA Grant Applications –**VERY IMPORTANT!!!**



Appendix G - Managing On The Basis Of Reasonable Costs

- States are encouraged to manage the program on the basis reasonable costs.
- Proposed per person costs for treatment and recovery support services to be provided under this initiative should be included in the application.
- In cases where it is not possible to include costs based on prior experience, the application should include an estimate.
- Cost Bands



How Will Grantees Pay for the Costs of Administering ATR?

- Administrative costs must be covered within the funds awarded to grantees.
- We recommend grantees use no more than 15% of their grant funds for administrative purposes.



How Can States, Territories, and Tribes Apply?

- The RFA is now available on the SAMHSA website at www.atr.samhsa.gov



GRANTEE CHALLENGES

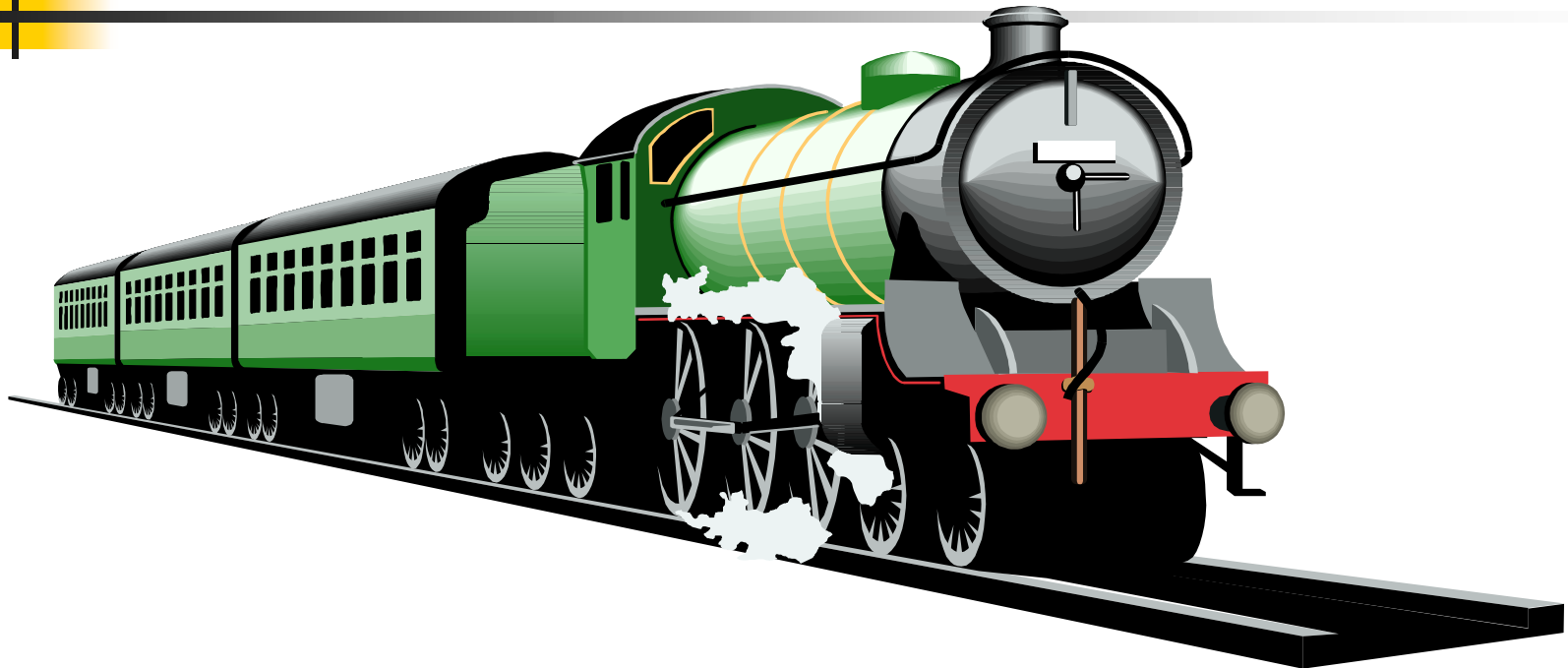
- Outreach to providers previously unable to compete for Federal funds (such as some faith- and community-based providers)
- Managing provider performance through the eligibility process by using outcome data (creating an incentive system for positive outcomes) and making adjustments based on performance
- Ensuring client choice and defining the relationship between the grantee and client
- Voucher management and tracking

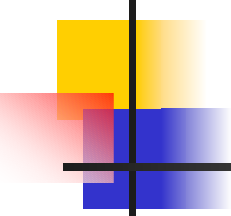


GRANTEE CHALLENGES

- Preventing waste, fraud and abuse
- Expanding clinical treatment and recovery support services by leveraging the use of Federal funds, preventing cost shifting, and ensuring ATR funds are used for supplementing, NOT supplanting current funding.
- Ensuring faith-based organizations otherwise eligible to participate are not discriminated against for their religious character or affiliation
- Quarterly reporting of outcome and financial data to SAMHSA/CSAT

The Change Train is Coming - ATR changes almost everything about the way we do business in our field. ATR is **NOT** business as usual. Screening is not the same; managing is not the same; providers are not the same, etc.





The use of vouchers, coupled with flexibility and executive discretion, offers an unparalleled opportunity to create profound positive change in substance abuse financing and service delivery.



THE END
